

Dislocation of the Arytænoid, probably Congenital.—**W. S. Syme.**—Dr. SYME demonstrated this case by means of suspension laryngoscopy. The patient is a woman. On exertion she makes a crowing noise, and she has always done so as far as she recollects. The right cord is fixed outside the middle line and the arytænoid is tilted so that the soft tissue above it lies across the opening into the larynx. On phonation the left cord crosses the middle line to meet the right, and the left arytænoid eminence goes behind the overhanging portion of the right. The voice is not affected.

Specimens, etc.

J. Walker Downie.—(1) Specimen and photograph of epithelioma of auricle from a man, aged seventy-six. (2) Specimen showing extensive epitheliomatous ulceration of the larynx of a man, aged forty-seven. (3) Pedunculated growth from right tonsil in a woman, aged twenty-five, which gave rise to considerable pharyngeal irritation and distress. The histological report by Dr. Shaw Dunn is: "The tumour has the structure of a somewhat œdematous simple fibroma."

J. Galbraith Connal.—Microscopical section of soft papilloma from external auditory canal. The growth was removed from the meatus of a man, aged forty-three. It was attached at the junction of the floor and posterior wall. His only complaint was dulness of hearing. Pathologist's report (Dr. Haswell Wilson): "This is an extremely cellular soft papilloma. There is no evidence of malignancy."

W. S. Syme.—(1) Papilloma removed from posterior end of nasal septum. (2) Antro-choanal polypus still attached to antral lining membrane to show the mechanism of production. (3) Wall (partly bony and partly cartilaginous) of large cyst of middle turbinate which completely filled one nasal fossa, causing marked expansion of it and atrophy of adjacent ethmoidal cells.

Abstracts.

PHARYNX AND NASO-PHARYNX.

Bryant, W. S. (New York).—**The Involution of the Naso-pharynx and its Clinical Importance.** "Amer. Journ. Med. Sci.," July, 1914.

The author looks upon the naso-pharynx as the "gateway of almost all human diseases" and attributes its vulnerability to three causes: Man's assumption of the upright position, the growth and development of the brain, and the retrograde metamorphosis of the nose, face, and teeth of man.

The assumption by man of the erect attitude has rendered necessary a change in the attachment of the vertebral column from the posterior to the inferior aspect of the skull. This, together with alteration of the base of the skull due to the increase of the brain and diminished development of the facial bones, has so affected the relations of the parts, that while in quadrupeds they form a straight continuous tube, in man the naso-pharynx is bent to a right angle. This angle is a "dead" space and is left unprotected because of its configuration. "Since the vertebral column has pushed forward and the hard palate has pushed backward, the naso-pharynx has lost the power which it had in quadrupeds of contracting and clearing itself by peristaltic action." Moreover,

the well-developed ciliated epithelium present in quadrupeds in this situation is, in man, replaced for the most part by squamous epithelium. Foreign particles inhaled through the nose easily become arrested at the naso-pharyngeal angle and owing to absence of peristaltic action and ciliated epithelium, are with difficulty removed. A partial protection only is afforded by the naso-pharyngeal tonsil.

A list is given of diseases whose infective agent is believed to enter by way of the naso-pharynx.

Thomas Guthrie.

Kenyon, Elmer L.—The Nasal Voice with Reference to its Bearing on the Practice of Rhino-Laryngology. "Annals of Otology, etc.," vol. xxii, p. 1110.

The author considers that the rhinologist is very liable to error in diagnosis, treatment and prognosis where nasaling is the disturbance in question, unless he is able to diagnose the manner of production and cause of the alteration of the voice in each particular case. He should be on his guard for functional nasaling from causes following operation for adenoids, otherwise operations unnecessary and harmful may be done. Operations on the nose or naso-pharynx for nasal voice should not be undertaken until a clear understanding of the cause of the nasaling has been arrived at. A defective palate, when due to congenital partial cleft, serves in large measure to reverse the ordinary indications for operation for nasal or naso-pharyngeal occlusion, and unless the voice indications are carefully followed serious and permanent injury to the speech may result from such operations.

Macleod Yearsley.

LARYNX.

Behr, Max.—Primary Laryngeal Actinomycosis. "Zeitschrift für Laryngologie," Band vi, Heft 6.

Up to the present time 215 cases of actinomycosis of the head and neck have been recorded, 13 cases affecting the tongue, and 173 affecting other organs. Only 4 or 5 cases of laryngeal actinomycosis are on record. Behr's case is as follows:

Male, aged forty-nine, alcoholic. Complained of pain in the neck and swelling for five or six months; orthopnoea was present. The cervical swelling was very hard, and filled up the anterior triangle. The soft palate and uvula were œdematous. The larynx was displaced to the left and also rotated, while the aryepiglottic folds were swollen and congested, and hid the vocal cords. The patient's temperature was 40° C. and the pulse 124. Swallowing and speaking were very difficult. Behr at first thought the case one of malignant tumour and advised immediate tracheotomy. This, however, was not consented to, so the œdematous areas were scarified. Three weeks later there were signs of a superficial abscess over the thyroid cartilage. Incision evacuated foetid yellow pus, containing no tubercle bacilli. A general surgeon was now consulted and he suggested that the case might be one of actinomycosis and advised the administration of potassium iodide. Later on a second abscess was opened and the Ray fungus recognised. Two months later the patient coughed up part of his hyoid bone and the lateral wall of the pharynx was found to be ulcerated. Death occurred about one year after the beginning of the illness. Behr calls attention to the fact that the patient had much to do with horses. He considers that the case was one of primary actinomycosis of the larynx.

J. S. Fraser.

EAR.

Ferreri, Gh.—Critical Notes on the Treatment of Chronic Suppurative Otitis. "Arch. Internat. de Laryng.," May–June, 1914.

The author confines his remarks to the tympanum and attic.

The course of otitis media is influenced by the surrounding bone, whether diploëtic, pneumatic, or sclerotic. In the pneumatic types, the character is the same as that normally seen in a seven months fœtus in the outer attic wall, *i. e.* the squama; in fact the squama at the level of the tegmen tympani may be almost transparent. In such skulls otitis media is refractory to cure by intra-tympanic methods. The author points out that in speaking of sclerotic types, we must not include otosclerosis secondary to chronic otitis media. The distance from the stapes to the roof of the attic is influenced by the inclination of the squama to the petrous bone; so that the upper surfaces of the other ossicles may be either in contact with, or widely separated from, the attic roof.

The author makes an inexplicable suggestion, that as age proceeds, the antrum, as a result of arrested development, may be found at an abnormally low level. A more intelligible variation which he cites is the occasional abnormally low level of the squama, narrowing the vertical diameter of the tympanum as distinct from the attic, and making the latter inaccessible from the meatus.

As regards the removal or conservation of the ossicles when operating, when the opposite ear is deaf, and Gellé's sign positive on the side to be attacked, the removal of the ossicles may make a grave difference to the total power of hearing.

From detailed and illustrated histological data, the author concludes that all inflammatory lesions of ossicles finally end in complete necrosis, despite evidence of attempts to regenerate.

Stacke conserved the ossicles when he found the tympanum healthy, but cholesteatoma of the attic, antrum, or aditus. But the author doubts whether, in such cases, the mere macroscopic appearance of healthy ossicles implies useful function.

In testing the hearing, the micro-telephone is preferable to musical instruments, because the perception of the voice and of musical sounds are such utterly different things.

Experiment has shown that mobility of the stapes is essential for the appreciation of pitch.

The "conservative" radical operation is fraught with most of the same disability as the radical.

The author holds a brief for ossiculectomy, with or without attic resection. He mentions two useful confirmatory tests for tuberculous otitis media:

(1) Inoculation of a rabbit's peritoneum from the lymphatic gland which lies over the mastoid.

(2) The blackening of a strip of gauze soaked in dermatol (bismuth subgallate), due to hydrogen sulphide liberated by the tubercle bacillus.

In otitis media secondary to atrophic rhinitis, the ossicles are found intact, the suppuration being limited to mucous membrane. As regards re-infection from the naso-pharynx, a normal Eustachian tube does not carry this infection. But post-nasal rhinitis damages the salpingo-pharyngeus, thus reducing the mobility of the tube-mouth; then organisms travel up. The pharyngeal tube-ostium may be sealed by injecting caustic fluids into the middle ear.

Finally, the disease should be attacked *viâ* the external meatus in all cases:

- (1) When there is retention of pus in the attic.
 - (2) With caries of ossicles and outer attic wall.
 - (3) Of chronic otitis media limited to the soft tissues.
 - (4) When there is post-suppurative adhesion of the membrana to the promontory.
- H. L. Whale.*

REVIEWS.

Diseases of the Labyrinth. By ERICH RUTTIN. Authorised translation by HORACE NEWHART. London: William Heinemann.

A review of this monograph in the original appeared July, 1913, in this JOURNAL, to which survey little can be added except by way of emphasising the very favourable impressions there set forth. The most practical foundations on which the treatise is based must ensure for it always a definite position in all future classics on this subject; and the contents of Chapter I may be well recommended, in addition, to the student of pure physiology who wishes to grasp the more advanced details connected with the functions and phenomena of the labyrinth.

It is with great pleasure that one is able to state that the book has not lost by translation, which has certainly been carried out with great care and accuracy, and must represent a large amount of laborious work and patient toil to overcome the difficulties with which every translation is attended. The only item which does not appear to have been quite clearly represented is the rather important "table" on p. 39, in which the symptoms associated with various forms of labyrinthitis are arranged—here the data under the column referring to nystagmus are not quite happily expressed, although the intention will be gathered with a little care. This, however, constitutes a very small fault, and the translator may certainly be congratulated and is undoubtedly entitled to the thanks of all the English-reading public interested in these subjects.

As further commentary on the original a minor point may be noted concerning Ruttin's separation of that labyrinthitis which occurs in association with acute middle otitis—"serous induced labyrinthitis"—from the other affections of the labyrinth. It is not quite clear why this should be regarded as essentially different from some forms of serous labyrinthitis the result of chronic middle-ear disease, and if such separation really serves any useful purpose either for the clinician or from an academic point of view. One hesitates very much to criticise so high an authority, but it would seem that this condition might well have been included in his "diffuse serous secondary labyrinthitis."

Otherwise one has nothing but praise for the work, either in the original or the English version, which should be a very great help indeed to the student of otology and, as a trusty guide in the hands of the operator, be a means of saving many lives. *Alex. R. Tweedie.*

Development and Anatomy of the Nasal Accessory Sinuses in Man.
WARREN B. DAVIS, M.D., Philadelphia.

This is a contribution of some anatomical value, founded on the study of 290 lateral walls, of which 202 post-natal included more than 70 between the ages of birth and puberty. The earliest specimens are from embryos of the third month, in which the cells and sinuses are not yet indicated, although the general cavities of the nose are formed. The subsequent development is clearly described; a good diagram might render this account even more clear for those who are neither anatomists nor specialists. Schæffer's nomenclature is used for the conchæ, and